

RIDE Comprehensive Early Childhood Education Program Initial Program Application



Date of Application _____

Program Information (Please print)

Name

Location (Street, City, State and Zip Code)

Mailing Address (if different from above)

Phone Number

Fax Number (Optional)

Email Address (required)

Who is responsible for checking this email?

General Operations

How many physical preschool classrooms are you seeking approval for in your program? _____

How many groups of children do these classrooms serve (submit one *Classroom Plan* for each group)? _____

How many kindergarten classrooms are you seeking approval for in your program? _____

Ages of Children (check all that apply) ☐ 3's ☐ 4's ☐ 5's ☐ Kindergarten

What days of the week is the program open? ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

Program Hours of Operation Opening Time _____ Closing Time _____

Program Length ☐ School Year ☐ Year Round

What other age groups does your program serve (check all that apply)?

☐ Infants, # of classrooms _____ ☐ Toddlers, # of classrooms _____ ☐ School Age

☐ Other, please describe: _____

Please describe your enrollment policies for your preschool and kindergarten children. Be sure to include your plan for verifying children's starting age (birth certificates, children's physical forms, etc.).

Program Assurances



Sign and date each assurance, indicating your willingness to abide by these regulations at all times.

_____ (program name) hereby provides the following assurances:

Our program will be accessible for children and adults with disabilities in accordance with disabilities requirements including the American with Disabilities Act (ADA).

Authorized Signature

Date

The following staff-child ratios will be maintained in all RIDE Approved classrooms: 3, 4 and 5 year olds: 1:9 ratio with a maximum of 18 children per classroom **and/or** Kindergarten children: 1:12 ratio with a maximum of 24 children per classroom

Authorized Signature

Date

Our program will notify RIDE of any staff changes (educator coordinator, teachers or teacher assistants) in RIDE Approved classrooms within 48 hours.

Authorized Signature

Date

All consultants employed by this program will meet the minimum professional standards in their particular fields, and professional persons whose practice is regulated by state law will meet state requirements.

Authorized Signature

Date

Liability insurance for school personnel, children, transportation services and physical plant will be kept up to date at all times.

Authorized Signature

Date

Reports shall be submitted to the Commissioner of Education in such manner and form as may be required.

Authorized Signature

Date

The program is open to families for observations and visits whenever the program is in operation.

Authorized Signature

Date

Governance Structure



Is your school? ☐ Community Based For-Profit ☐ Community Based Non-Profit
☐ Head Start ☐ Public School ☐ Private School

Please describe the governance structure of your program.

Administrative Staff

Changes and updates to this list MUST be shared with RIDE throughout the year.

Owner/Authorized Individual

Name	Phone	Hours on Site
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Director/Designated Program Administrator

Name	Phone	Hours on Site
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Early Childhood Education Coordinator (Please complete a credential packet and attach it to the application.)

Name	Phone	Hours on Site
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Nurse/Physician Is this person? a consultant ☐ a staff member ☐

Name	Phone	Hours on Site
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Program Map

In the space provided below, please create a map of your program's indoor floor plan. Your map must include:

- classrooms (label each one by **NUMBER**)
- children's bathrooms (label each one by **LETTER**)
- location of diapering facilities, as appropriate
- location of adult bathrooms
- designated adult space(s)
- main entry
- additional entries and exits
- access to the playground



Map



Playground Map and Schedule

In the space provided below, please create a map of the playground area used by your preschool and kindergarten classes. If there is more than one playground, complete a map and schedule for each playground. Your map must include:

- the dimensions of the playground*
- location of the school in relationship to the playground
- all entrance(s) and fencing
- playground structures
- access to drinking water
- access to shade

Playground Map

Playground Schedule

Please attach a copy of your playground schedule to this map. Be sure to note which classes are using the playground, by number (name optional), and at what time.

** Remember: The per child allowance is calculated as follows: 75 feet times one half of the program's capacity.*

Classroom Plan (Submit one for each group of children that uses this classroom.)



Classroom # _____ Name (optional) _____

The walls in this classroom are ☐ floor to ceiling ☐ stable partitions of at least 4 feet in height

Ages of Children ☐ 3's ☐ 4's ☐ 5's ☐ Kindergarten

Classroom Use ☐ AM RIDE Starting Time _____ Ending Time _____

☐ PM RIDE Starting Time _____ Ending Time _____

☐ Full Day RIDE Starting Time _____ Ending Time _____

Enrollment Days ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

DCYF Licensed Capacity _____ Requested RIDE Approval Capacity _____

Which bathrooms serve this classroom? Please use the letter for each bathroom from your Program Map. _____

Teaching Staff

(Please complete a credential packet for each teacher and teacher assistant and attach each to the application.)

Name	Title	Hours Indicate planning time	Qualifications Teachers A, B or C Teacher Asst. A or B	1 st Aid	CPR
				<input type="checkbox"/> yes exp _____	<input type="checkbox"/> yes exp _____
				<input type="checkbox"/> yes exp _____	<input type="checkbox"/> yes exp _____
				<input type="checkbox"/> yes exp _____	<input type="checkbox"/> yes exp _____

Other Staff

(Include all volunteers, foster grandmothers, substitutes, who currently work in this classroom on a regular basis.)

Name	Title	Hours

Classroom Schedule and Calendar

Please attach a daily activity schedule for each group that uses this classroom (AM, PM, and/or Full Day), and a school year calendar.

Remember: A classroom is a group of children in a room with floor to ceiling walls. If floor to ceiling walls are not possible, then stable partitions of at least 4 feet in height shall divide the classroom and completely separate groups of children, as defined in Standard 3.